MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/743533	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		w		w	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			\				51						
2				\			52						
3				\			53						
4				\			54						
5				\			55						
6				\			56						
7				\			57						
8				\			58						
9				\			59						
10				\			60						
11			\				81						
12				\			82						
13				\			63						
14				\			84						
15				\			65						
16			\				66						
17				\			67						
18				\			68						
19				\			69						
20				\			70						
21				\			71						
22				\			72						
23				\			73						
24				\			74						
25				\			75						
26				\			76						
27				\			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			24				TOTAL DEP.						
TOTAL CLAIMS			27				TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS